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RESEARCH

Crise hipertensiva: competências elencadas pelo enfermeiro para o atendimento em hospitais de Curitiba-PR

Hypertensive crisis: competencies listed by the nurse to care hospitals in Curitiba-PR

Crisis hipertensiva: competencias enumeradas por la enfermera de la atención en los hospitales de Curitiba-PR

Cristiano Caveião¹, Angelita Visentin², Ana Paula Hey³, Vanessa Bertoglio Comassetto Antunes de Oliveira⁴, Eliane Oliveira de Moraes⁵, Luana Stephanie de Almeida Nunes⁶

ABSTRACT

Objective: To identify the competencies listed by nurses for the care of patients with hypertensive crisis and analyze the performance described by the nurse before the patient with hypertensive crisis. **Method:** an exploratory study with descriptive and quantitative approach, conducted in three hospitals in Curitiba-PR, where 16 nurses participated. **Results:** among the skills listed, there is the decision making with 81,25%; leadership and continuing education with 68,75% each. All nurses of emergency prioritized service. Forward to the actions of emergency interventions in 93,75%, prioritized assessment of vital signs and cardiac monitoring in the initial care. **Conclusion:** helped identify the competencies listed for the care of hypertensive crisis. The nurse has technical/scientific so that they can put into action values, knowledge, skills and attitudes necessary for a care within the scientific, ethical and moral principles knowledge. **Descriptors:** Hypertension, Competency-based education, Nursing, Professional competence.

RESUMO

Objetivo: Identificar as competências elencadas pelo enfermeiro para o atendimento do paciente com crise hipertensiva e analisar a atuação descrita pelo enfermeiro perante o paciente com crise hipertensiva. **Método:** estudo do tipo exploratório, com abordagem descritiva e quantitativa, realizado em 3 hospitais da cidade de Curitiba-PR, onde participaram 16 enfermeiros. **Resultados:** dentre as competências elencadas, destaca-se a tomada de decisão com 81,25%; liderança e educação permanente com 68,75% cada. Todos os enfermeiros priorizaram o atendimento. Frente às ações de intervenções na emergência 93,75%, priorizaram a aferição dos sinais vitais e monitorização cardíaca no atendimento inicial. **Conclusão:** contribuiu para identificar as competências elencadas para o atendimento de crise hipertensiva. O Enfermeiro possui conhecimentos técnico/científicos para que possam colocar em ação valores, conhecimentos, habilidades e atitudes necessárias para um cuidado dentro dos princípios científicos, éticos e morais. **Descritores:** Hipertensão, Educação baseada em competências, Enfermagem, Competência profissional.

RESUMEN

Objetivos: Identificar las habilidades que se indican por los enfermeros para la atención de pacientes con crisis hipertensiva y analizar el desempeño descrito por la enfermera antes del paciente con crisis hipertensiva. **Método:** estudio exploratorio con enfoque descriptivo y cuantitativo, realizado en 3 hospitalarios en Curitiba-PR, participaron 16 enfermeras. **Resultados:** entre las habilidades que se indican, la toma de decisiones con 81,25%, el liderazgo y la educación continua con 68,75% cada. Todas las enfermeras de emergencia servicios priorizados. Remitir a las acciones de las intervenciones de emergencia en 93,75%, la evaluación de prioridades de los signos vitales y monitorización cardíaca en la atención inicial. **Conclusión:** ayudado a identificar las competencias enumeradas para el cuidado de la crisis hipertensiva. La enfermera tiene técnica/científica para que puedan poner en acción los valores, conocimientos, habilidades y actitudes necesarias para una atención dentro de la comunidad científica, ética y moral conocimientos principios. **Descriptor:** Hipertensión, Educación basada em competencias, Enfermería, Competencia profesional.

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INTRODUCTION

Competence is a word of common sense, used to designate a qualified person to accomplish something.¹The managerial competence of nursing reflects on management of work in health and knowledge integration.² it was defined as a knowing Act responsible and recognized, which implies mobilizing, integrate, transfer knowledge, resources and skills that add value to the organization economic and social value to the individual.¹

These skills that the Nurse must develop throughout his training for professional performance, were defined by National curriculum guidelines (DCN) for Nursing courses, and defined as: health care, decision-making, communication, leadership, administration and management and permanent education.³Curricula must be composed on the basis of the development of skills that commensurate with the principles of the Brazilian unified health system and regional epidemiological reality where he is inserted. This favors the egress's education of professionals capable of offering a service that raise levels of well-being and quality of life of the population.⁴

In this way the Nursing Professional acts on promotion, prevention, recovery and rehabilitation of health and uses actions to satisfy the population's needs and guaranteeing the universality of access to health services, integrality and fairness.⁵

Practice Nursing consists in meeting of distinct actions that established according to the type of occupation. The Nurse occupies positions of leadership and management and team care in different contexts, for which specific skills are required which identifies that the profile of nurses has modified over the years.¹

Therefore, it is necessary that the Nurse has technical and scientific knowledge, skills and abilities required to perform tasks and conduct guidelines, and even if it has attitudes of motivation and leadership with the goal of achieving the quality on the job with effectiveness and efficiency.⁶ it is imperative that the Nurse be prepared for new changes in search of update against the new concepts and skills required for professional practice, in particular the care of hypertensive crisis.

Given the above, the study is justified by the need to identify the skills listed by the nurse to your performance and compliance of the patient with hypertensive crisis, being that this professional is the first to have contact with the patient during triage. Traced the question: What are the guiding skills listed by the nurse to care of hypertensive crisis in urgent and emergency unit?

To answer the guiding question, adopted the following objectives: identify the skills listed by the nurse for the patient with hypertensive crisis and analyze the activities described by the Nurse before the patient with hypertensive crisis.

METHOD

This is an exploratory study, with descriptive and quantitative approach. Descriptive because it has as main objective to describe characteristics of a particular population or phenomenon, one of its most significant features is the use of standardized data collection techniques. In addition, quantitative for characterizing the use of statistical instruments both in the collection as in the treatment of the data.⁷

The study was conducted in three large hospitals (two private and a college graduate) in the city of Curitiba-PR. were invited 20 Nurses (three hospitals), and sixteen (16) agreed to participate in the study, representing 80% of the sample.

Study participants were nurses crowded at the ready Availability of private hospitals and the emergency room of the University hospital. The choice of participants meet the following criteria: effective Board membership, not on vacation or license for health treatment, sign an informed consent.

For the data collection was drafted a screenplay by interview, contemplating the characterization of participants and eight questions relating to guiding the study question.

Data collection took place during the month of April 2013, through structured interview technique and individual. This step performed after approval by the ethics on Research Committee of the Integrated Universities of Brazil (Protocol # 248,028 and CAAE nº 09960812.4.0000.0095). Were followed the recommendations of the "Guidelines and Standards regulatory bodies of Research involving Living Humans" listed in Resolution 196/96.⁸

The data processed with the aid of the program Microsoft *Office* Excel for statistical analysis. With respect to the method of organization and presentation of quantitative data, calculations used as frequencies and percentages averages. After the analysis of the results presented in the form of descriptive language, being used absolute numbers and percentages given up to the second decimal place.

RESULTS E DISCUSSION

According to the profile of the Nurses interviewed, presented the following characteristics: prevalence of professionals are women 75% and 25% men. The age ranged from 26 to 48 years, being the average 36 years. In the grouping of the ages, had mostly aged between 26 to 30 years corresponding to 43,75%, 31%, and 36-year-old to 18,75% up 37 years 37,5%. In relation to the time of formation, it observed that had formed 12,50% over 12 years, 43,75% between 1 and 5 years and 43,75% between 6 to 11 years. It evidenced that 62,50% work in the Er for a period of 1 to 5 years 6 to 10 percent of 37,50% years.

The nurses study participants 31,25% do not possess specialization course, 25% in urgent and emergency area, 25% in Intensive Therapy and 18,75% in other areas.

As the skills listed for the care of hypertensive crisis, 81,25% considered decision-making, 68,75% permanent education, leadership, 62,50% attention to health, 56,25% 37,5% and communication administration and management. Study participants allowed choose more than one jurisdiction.

In relation to the care of hypertensive crisis 100% of Emergency Nurses prioritized this availability. In situations where the systolic blood pressure is 180 mmHg and diastolic \geq 110 mm Hg, 93,75% considered hypertensive emergency and 6,25% considered Hypertensive Urgency. In Hypertensive Urgency, 25% perform immediate 25%, up to 10 minutes, 43,75% in up to 60 minutes and 6,25% in up to 120 minutes.

As for signs and symptoms assessed in the attendance of the patient with hypertensive crisis: 100% headache, malaise, 68,75% chest pain, 56,25% imbalance, 43,75% dyspnea and 12,50% cough.

In respect of the actions and interventions for the care of hypertensive crisis of urgent and emergency listed in Table 01. Study participants were able to cite/opt for more of an action/intervention.

Table 01 - Comparison of actions and interventions in the care of hypertensive crisis of urgency and emergency (n = 16)

| Actions/Interventions | Emergency | Urgency |
|-----------------------|-----------|---------|
| SSVV | 93,75% | 43,75% |
| Bed rest | 50% | 37,50% |
| ECG | 43,75% | 37,50% |
| Monitoring | 43,75% | 0% |
| Medication | 43,75% | 18,75% |
| Communicate doctor | 37,50% | 25% |
| Physical examination | 18,75% | 12,5% |
| Venipuncture | 6,25% | 0% |
| Ophthalmoscopy | 6,25% | 6,25% |

Source: survey data

The demographic profile of the participants of the study demonstrate similarity in another study,⁹ where 65% of participants were of the female gender, the age group between 30 and 35 years and 60% and act in the area at the maximum 5 years.

You can highlight in relation to specialization course where in another study, shows that 12% of participants were experts in this area,¹⁰ which compare to the current 50% research, comes growth in demonstrating training of professionals specifically in this area, because the market requires expertise. Thus, we highlight that it is vital to personal and professional qualification of nurses, especially as regards the competencies defined by DCNs.

The competency with greater emphasis by the nurses interviewed was to decision-making. Leadership is seen as one of the core competencies of nurse and listed by DCNs is

regarded as an instrument of the managerial process. It is important to highlight that the decision-making process also involves other factors as in procedures and practices; workforce among others.¹⁰

In relation to permanent education the exercise of this competence is the responsibility of the health professional, and also highlights that nurses must learn continuously and have responsibility and commitment.¹⁰

On competence of health attention should be developed prevention, promotion, protection and rehabilitation of health, both in individual and collective level. Related to the communication it must be direct, clear and objective, and that the use of information systems in nursing aid decision-making and management. Management is essential for planning, decision-making and management staff. The DCNs give prominence to the administrative functions.¹⁰

The hypertensive emergency is acute elevation of the blood pressure levels to above 180x110mmHg, which causes acute injury of some target organ. High pressure is the triggering of a clinical picture that may lead the patient to death.¹¹

In relation to the service, both hospitals use the risk classification, which can be grounded in established international concepts such as the Manchester Protocol, which provides standards for care in emergencies in order to prioritize the care according to clinical indication, in order to overcome the problems found in the traditional model of organization of care by order of arrival. The Manchester protocol determines the classification for priority of attendance (zero time immediately as not urgent-maximum 240 minutes), being held by the nursing staff and especially by the Nurse.¹²

The treatment of hypertensive emergency should occur from minutes to hours, while the treatment of hypertensive emergencies should occur hours to days.¹³

With the increased blood pressure arise signs and symptoms like: headaches, malaise, anxiety, shortness of breath, chest pain, cough, dizziness. Among these symptoms, headache appears as the most frequent and if attempts to assign a direct relationship with the systemic Arterial hypertension. Being high blood pressure cause of headache. Thus it is necessary to carry out the follow-up and monitoring of the patient in hypertensive crisis, between these vital signs assessment is fundamental to check for significant changes in the State of the patient.^{14.15}

The physical examination is also important for the evaluation and intervention to the patient in hypertensive crisis, because, through it is possible to perform a survey of the General State of the patient, both physical and psychological, in order to find meaningful information that may target the assistance to be provided.¹⁶ it is observed through the presence of ophthalmoscopy hemorrhages and exudates of retina.¹⁷

The electrocardiogram examination will reveal any overload hypertrophy, arrhythmias and conduction disturbances.¹⁸ the complementary examinations are of paramount importance for the evaluation of hypertensive and framework for identification of affected organs.

CONCLUSION

The results of the study showed that the professional profile of the Er Nurse of the institutions surveyed, are mostly of the female gender, aged between 26 to 30 years, predominating until 11 years of training and up to 5 years of experience in PA. The number of nurses who have expertise in the area is of 50%, the rest are specialists in other areas, just as there is 31,25% without professional expertise working in the sector.

It was possible to identify the skills listed by the nurses for the care of patients with hypertensive crisis, where all the skills cited by nurses participating in the survey are in line with the DCN nursing course, deserving of greater prominence to decision-making, leadership and permanent education. It is important to stress that by dealing with a situation of urgent and emergency, the decision-making competence is one of the most important to be developed, because the nurse need to assertively perform the care of hypertensive crisis to this clientele.

Nurse active in Ready Attendance should not only possess technical competence, but rather a set of scientific/technical knowledge and the ability to take quick decisions in order to offer a quality service, preventing much suffering, errors and even death. It is necessary to keep in constant update with the commitment to participate in the training offered by the continuing education and Service as well as to plan for them.

Therefore it can be concluded that the study helped identify the skills listed by the Nurse in relation to this kind of service, so that they can put into action values, knowledge, skills and attitudes necessary for a careful within the scientific, ethical and moral principles. It is suggested that these professionals seek skills to perform the care in an appropriate manner to the client with hypertensive crisis.

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